



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.state.mt.us
ATTN: Educator Licensure

CLASS 1, 2 AND/OR 3 INSTITUTIONAL EVALUATION AND RECOMMENDATION

| | | | | |
|---------------------------------------|---------------------|---------------|----------------|------------|
| Last Name | First Name | Middle Name | Former Name(s) | |
| Mailing Address (Street, RFD, PO Box) | | City | State | ZIP |
| E-Mail Address | | | | |
| Folio No. (if previously assigned) | Social Security No. | Date of Birth | Home Phone | Work Phone |

The above-named is an applicant for teacher or administrative licensure in Montana.

Instructions: Complete this form only if applying for a Class 1, 2, 3 or 5, if applicable. If not, please discard.

Institutional Evaluation and Recommendation:

The Dean of Education or Certification Official at your college must complete this form. Photocopy if needed.

| Evaluation of Teacher Preparation | Semester Credits | Quarter Credits | *Check Here if Deficient |
|---|------------------|-----------------|--------------------------|
| Elementary education program completed <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Secondary education program completed <input type="checkbox"/> 5-12 <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Teaching major(s) <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> K-12 (specify) _____ | | | |
| Teaching minor(s) <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> K-12 (specify) _____ | | | |
| Class 3 Administrative Program <input type="checkbox"/> Class 3 Principal <input type="checkbox"/> Superintendent <input type="checkbox"/> Secondary Principal <input type="checkbox"/> Supervisor <input type="checkbox"/> K-12 Principal <input type="checkbox"/> Supervisor K-12 Special Education | | | |

Recommendation

If recommending an adjustment or addition to an existing license, please indicate below:

1. Change Class to _____
2. Has completed conversion program to _____ (elementary or secondary) education.
3. Has completed a teaching minor (or major) resulting in an added endorsement.
Subject area and level _____ No. of Credits _____
Subject area and level _____ No. of Credits _____

University
Seal

I hereby recommend licensure for _____
(Name)

| | |
|--|---|
| Signature _____ | Institution _____ |
| Title _____ (Dean of Education or Licensure Official) | Please check if your institution is <input type="checkbox"/> State Board <input type="checkbox"/> NCATE |
| Printed Name _____ | Date _____ |
| | Phone Number _____ |



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CLASS 3 ADMINISTRATIVE LICENSE INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR PRINCIPAL AND/OR SUPERINTENDENT

Within each program, the following graduate content is required. Identify the course in which the identified graduate content was contained.

| ELEMENTARY PRINCIPAL (content required): | Rubric | Course Title | ___Sem. ___Qtr. Credit |
|---|---------------|---------------------|---------------------------------------|
| School Leadership | | | |
| Instructional Leadership including: | | | |
| A. Supervision | | | |
| B. Elementary Curriculum | | | |
| Management including: | | | |
| A. School Finance | | | |
| B. School Law | | | |
| School and Community Relations | | | |
| SECONDARY PRINCIPAL (content required): | | | |
| School Leadership | | | |
| Instructional Leadership including: | | | |
| A. Supervision | | | |
| B. Secondary Curriculum | | | |
| Management including: | | | |
| A. School Finance | | | |
| B. School Law | | | |
| School and Community Relations | | | |

SUPERINTENDENT

Has the applicant completed a year-long administrative internship as superintendent? ☐ Yes ☐ No Rubric_____

| Content Required: | Rubric | Course Title | Credit |
|----------------------------------|---------------|---------------------|---------------|
| Organizational Leadership | | | |
| Instructional Leadership | | | |
| Management including: | | | |
| A. School Finance | | | |
| B. Facilities | | | |
| C. Law and Policy | | | |
| D. Personnel and Labor Relations | | | |
| Public Relations | | | |



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CLASS 3 ADMINISTRATIVE LICENSE INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR SUPERVISOR ENDORSEMENT

SUPERVISOR—

Has the applicant completed your institution's approved master's degree in the special area to be endorsed? ☐ Yes ☐ No

| | Rubric | Course Title | Credit |
|---|--------|--------------|--------|
| At least 21 graduate quarter (14 semester) credits in education or the equivalent to include the following content: | | | |
| General school administration | | | |
| Administration in the special area to be endorsed | | | |
| Supervision of instruction | | | |
| Basic school finance | | | |
| School law | | | |
| A Supervised Practicum/ Internship (minimum of 6 quarter credits) | | | |

SUPERVISOR—SPECIAL EDUCATION K-12

Has the applicant completed your institution's approved master's degree in special education, school psychology, speech language pathology, audiology, physical therapy, occupational therapy, registered nurse, clinical social worker or clinical professional counselor? ☐ Yes ☐ No

Has the applicant completed the following 24 graduate semester credits in courses below? ☐ Yes ☐ No

| | Rubric | Course Title | Credit |
|-------------------------------------|--------|--------------|--------|
| General school administration | | | |
| Administration of special education | | | |
| Supervisor of instruction | | | |
| Basic school finance | | | |
| School law | | | |
| Supervised practicum | | | |